



Placer County Redevelopment Agency  
3091 County Center Drive, Suite 260  
Auburn, CA 95603

## **First Time Home Buyer Assistance Program Interest Form**

(This is not a loan application)

Please read the attached information summary before completing this form.

Date: \_\_\_\_\_

Name of applicant: \_\_\_\_\_ Name of co-applicant: \_\_\_\_\_  
(Please include the names of all person(s) who will hold title to property)

Current Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Email Address: \_\_\_\_\_

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Total number of all (children and adults) persons residing in the household: \_\_\_\_\_

Annual Combined Gross Income: \_\_\_\_\_ Occupation(s): \_\_\_\_\_  
(Include total gross income from all sources for all household members, including wages, SSI, SSA, disability, unemployment, dividends, etc.)

Total monthly payment amount of your revolving credit debt? \_\_\_\_\_  
(Examples: credit cards, car loans, school loans, etc.)

How much are you currently paying for monthly rent? \_\_\_\_\_

Have you ever filed for Bankruptcy? \_\_\_\_\_, if yes when? \_\_\_\_\_  
Foreclosure? \_\_\_\_\_, if yes when? \_\_\_\_\_

Total amount you currently have available for down payment: \_\_\_\_\_

Has the applicant or co-applicant owned a home within the past (3) years? \_\_\_\_\_

Have you been pre-qualified for a home loan? \_\_\_\_\_ If yes (provide copy of pre-qualification)

Address of property you have identified for purchase in unincorporated Placer County  
\_\_\_\_\_

Total purchase price of this property \_\_\_\_\_

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**(If you have questions please contact Placer County Redevelopment Agency @ (530) 745-3170)**

The County of Placer does not discriminate in housing or employment on the basis of race, religion, sex, age, national origin or handicap. In compliance with the Americans with Disabilities Act, the County of Placer encourages those with disabilities to participate fully in the County programs and public hearings. If you have special needs in order to allow you to participate in this program, please contact the California Telephone Access Program at 1-800-806-1191 or the County, 530-745-3150, so that we can make every reasonable effort to accommodate you. The County is an Equal Opportunity Lender.

All person 18 years of age or older must sign this form if their information is to be

Signature of Applicant \_\_\_\_\_

Signature of Co-Applicant \_\_\_\_\_





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## **First Time Home Buyer Assistance Program Interest Form**

**Please identify the following (for statistical purposes only):**

**Ethnicity**

Hispanic/Latino Yes \_\_\_\_\_ No \_\_\_\_\_

Native American \_\_\_\_\_

Caucasian \_\_\_\_\_

Asian/Pacific Islander \_\_\_\_\_

African American \_\_\_\_\_

Hispanic \_\_\_\_\_

Other \_\_\_\_\_

**Head of Household**

Male \_\_\_\_\_

Female \_\_\_\_\_

Married \_\_\_\_\_ Single \_\_\_\_\_

**Disabled** Yes \_\_\_\_\_ No \_\_\_\_\_

**Senior** Yes \_\_\_\_\_ No \_\_\_\_\_